

**Statement of Organization  
Recipient Committee**

Statement Type

☒ Initial  
Not yet qualified ☒ or

☐ Amendment  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

☐ Termination – See Part 5  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

RECEIVED

2013 DEC 10 PM 3:17

OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

CALIFORNIA  
FORM

410

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Glenn for Council 2014

STREET ADDRESS (NO P.O. BOX)

111 E Edgewater Ave

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Bch CA 92661 904.662.4961

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

glenn2014@devion.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Orange

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Michael B. Glenn

STREET ADDRESS (NO P.O. BOX)

111 E Edgewater Ave

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Newport Bch CA 92661 904.662.4961

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

12/10/2013

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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I.D. NUMBER

COMMITTEE NAME

Glenn for Council 2014

- All committees must list the financial institution where the campaign bank account is located.

~~Bank of America~~

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

Bank of America

949.734.2405

ADDRESS

CITY

STATE

ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

Michael B. Glenn

City Council, District 1

2014

☐ Nonpartisan

☐ Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

OPPOSE

☒

☐

SUPPORT

OPPOSE

☐

☐

~~Michael B. Glenn~~

~~City Council, District 1~~